OCT 2 2000

McNeil Consumer Healthcare Attention: Paula Oliver Senior Director, Regulatory Compliance 7050 Camp Hill Road Fort Washington, PA 19034-2299

Dear Ms. Oliver:

Please refer to your supplemental new drug application dated January 17, 2000, received January 18, 2000, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act for Motrin IB Ibuprofen Gelcaps.

We acknowledge receipt of your submissions dated April 18, July 12, and August 8, 2000.

This supplemental new drug application provides for labeling in Drug Facts format for the 8-, 24-, 50-, and 100-count cartons/bottles of Motrin IB Gelcaps.

We have completed the review of this supplemental new drug application, as amended, and have concluded that adequate information has been presented to demonstrate that the drug product is safe and effective for use as recommended in the draft labeling dated July 12, 2000. Accordingly, the supplemental new drug application is approved effective on the date of this letter.

The final printed labeling (FPL) must be identical to the draft labeling dated July 12, 2000, and must be formatted in accordance with the requirements of 21 CFR 201.66.

Please be reminded that the flag statement "See New Label" should be deleted after 6 months of marketing.

Please submit 20 paper copies of the FPL as soon as it is available, in no case more than 30 days after it is printed. Please individually mount ten of the copies on heavy-weight paper or similar material. Alternatively, you may submit the FPL electronically according to the guidance for industry titled Providing Regulatory Submissions in Electronic Format NDAs (January 1999). For administrative purposes, this submission should be designated "FPL for approved supplement NDA 19-012/S-024." Approval of this submission by FDA is not required before the labeling is used.

If a letter communicating important information about this drug product (i.e., a "Dear Health Care Practitioner" letter) is issued to physicians and others responsible for patient care, we request that you submit a copy of the letter to this NDA and a copy to the following address:

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> MED WATCH, HF-2 FDA 5600 Fishers Lane Rockville, MD 20857

We remind you that you must comply with the requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions regarding this application, please contact Thomas A. Parmelee, Pharm.D., Regulatory Project Manager, at (301) 827-2271.

Sincerely,

Linda M. Katz, M.D., M.P.H. Deputy Director Division of Over-the-Counter Drug Products Office of Drug Evaluation V Center for Drug Evaluation and Research

